

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Warden Kenneth Jones
 Bullock County Correctional Facility
 PO Box 5107
 Union Springs, AL 36089

2. Article Number

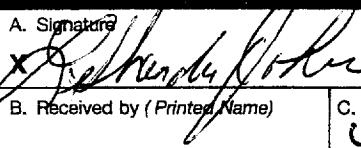
(Transfer from service label)

08cv 244 Cmp, Rec + (S)OP

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature		<input checked="" type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
		4/9/08
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sgt. Henry Ruffin
 Bullock County Correctional Facility
 PO Box 5107
 Union Springs, AL 36089

2. Article Number

(Transfer from service label)

08cv 244 Cmp, Rec + (S)OP

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input checked="" type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
		4/9/08
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CO Willie Byrts
 Bullock County Correctional Facility
 PO Box 5107
 Union Springs, AL 36089

08cv 244 Cmp, Rec + (S)OP

2. Article Number

(Transfer from service label)

7007 1490 0000 0024 7625

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature		<input checked="" type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
		4/9/08
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CO Michael Holcey
 Bullock County Correctional Facility
 PO Box 5107
 Union Springs, AL 36089

2. Article Number
(Transfer from service label)

7007 1490 0000 0024 7601

COMPLETE THIS SECTION ON DELIVERY

A. Signature



Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/9/08

D. Is delivery address different from item 1?

If YES, enter delivery address below:
 Yes No

Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

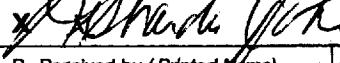
Deputy Warden S. Giles
 Bullock County Correctional Facility
 PO Box 5107
 Union Springs, AL 36089

2. Article Number
(Transfer from service label)

7007 1490 0000 0024 7632

COMPLETE THIS SECTION ON DELIVERY

A. Signature



Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/9/08

D. Is delivery address different from item 1?

If YES, enter delivery address below:
 Yes No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CO J. Pettway
 Bullock County Correctional Facility
 PO Box 5107
 Union Springs, AL 36089

2. Article Number
(Transfer from service label)

7007 1490 0000 0024 7595

COMPLETE THIS SECTION ON DELIVERY

A. Signature



Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/9/08

D. Is delivery address different from item 1?

If YES, enter delivery address below:
 Yes No

Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540